

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/570829

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51					
2		/						52					
3	/							53					
4		/						54					
5								55					
6								56					
7								57					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	2	↓		↓		↓		TOTAL IND.		↓		↓	↓
TOTAL DEP.	2	←		←		←		TOTAL DEP.		←		←	←
TOTAL CLAIMS	4							TOTAL CLAIMS					